

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | | |
|---|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation FERNANDEZ, MIGUEL B. | | | 3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">C C90015660</div> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 121 ALHAMBRA CIRCLE SUITE 1100 | | | |
| (c) City, State and ZIP Code CORAL GABLES FL 33134 | | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) Chairman MBF Healthcare Partners | | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on MM / DD / YYYY
12 / 15 / 2015

5. COVERING PERIOD: FROM MM / DD / YYYY
12 / 14 / 2015
 THROUGH MM / DD / YYYY
12 / 14 / 2015

6. TOTAL CONTRIBUTIONS..... .00

7. TOTAL INDEPENDENT EXPENDITURES 29284.70

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

| | | |
|---|--|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| Michael B. Fernandez | <i>Michael B. Fernandez</i> [Electronically Filed] | 01/11/2016 |

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
FERNANDEZ, MIGUEL B.

| | | | |
|---|--------------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee The Des Moines Register | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 14 / 2015 | |
| Mailing Address 400 Locust Street Suite 500 | | Amount 20284.70 | |
| City Des Moines | State IA | Zip Code 50309 | Transaction ID : F57.000001 |
| Purpose of Expenditure Ad Buy | Category/ Type 004 | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: IA District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Donald J. Trump | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 40234.70 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|--------------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Las Vegas Review Journal | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 14 / 2015 | |
| Mailing Address 1111 W. Bonanza Road P.O. Box 70 | | Amount 9000.00 | |
| City Las Vegas | State NV | Zip Code 89125 | Transaction ID : F57.000002 |
| Purpose of Expenditure Ad Buy | Category/ Type 004 | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: NV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Donald J. Trump | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 40234.70 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 29284.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 29284.70 |